

IFW

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input checked="" type="checkbox"/> (312) ^{re} claims	10-12-2004	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Improper Dependency: claims 22 and 23 depend upon cancelled claim 21, as per examiner's amendment dated 10/12/04

Please Resolve

Thank You
Jen

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04